



Kentucky Transportation Cabinet
Division of Right of Way and Utilities

TC 62-71
08/2005

RENT CLAIM

COUNTY	ITEM NO.	PARCEL NO.	NAME
PROGRAM NO.	FEDERAL PROJECT NO.	PROJECT	
Address of replacement dwelling / site			

180 DAY OWNER - RENTS

Monthly rent & utilities of comparable	a		LUMP SUM PAYMENT?	
Actual monthly rent & utilities of replacement	b		INSTALLMENT NO.	
Lesser of a or b	c		AMOUNT THIS CLAIM	CLAIMED TO DATE
Monthly market rent & utilities of subject	d			
Difference in monthly rent & utilities (c - d)	e			
RENT SUPPLEMENT (e times 42)				

OWNER 90 - 180 DAYS / TENANT 90 DAYS OR MORE - RENTS

Monthly rent and utilities of comparable	a			LUMP SUM PAYMENT?	
Actual monthly rent and utilities of replacement	b			INSTALLMENT NO.	
Lesser of a or b	c			AMOUNT THIS CLAIM	CLAIMED TO DATE
Monthly market rent and utilities of subject	d				
HUD Low Income Limit			e		
Monthly household income		x 30%	f		
If tenant, amount designated for shelter and utilities by a welfare assistance program	g				
Owner: Lesser of d or f Tenant: Lesser of d or f – Use g if applicable	h				
Difference in monthly rent & utilities	i				
RENT SUPPLEMENT (h times 42)					

The displacees ☐ have occupied / ☐ will occupy the replacement property indicated above as their permanent place of residence, and that all information contained herein is true and accurate to the best of my knowledge. I, therefore, request payment as outlined in this application.

ADVANCED PAYMENT REQUEST

Relocation Agent

Date